



HEALTH PROFILE: MALAWI

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	900,000 (low-high estimates 700,000–1,100,000)
Total Population (2004)	12,337,000
Adult HIV Prevalence (end 2003)	14.2% (low-high estimates 11.3–17.7%)
HIV-I Seroprevalence in Urban Areas	
Populations most at risk (i.e., sex workers, sexually transmitted infection patients, or others with known risk factors)	NA
Populations least at risk (i.e., pregnant women, blood donors, or others)	28.5%

Source: UNAIDS, U.S. Census Bureau, Population Reference Bureau

Malawi, a landlocked country in southern Africa, is one of the 10 countries most affected by AIDS worldwide. The first case of AIDS in Malawi was diagnosed in 1985. Since then, the HIV epidemic has taken its toll on the country.

The statistics are staggering: Malawi has an estimated HIV/AIDS prevalence of 14.2%. An estimated 0.9 million adults and children of a population of only 12.3 million in Malawi were living with HIV at the end of 2003. There are approximately 70,000 new cases of AIDS each year in Malawi, and approximately 110,000 new HIV infections each year. AIDS is the leading cause of death in Malawian adults, with more than 80,000 deaths annually. Life expectancy at birth is now 44 years for both sexes. Approximately 400,000 children have lost parents to AIDS.

The HIV/AIDS epidemic in Malawi is having a devastating impact on the country's productivity. Malawi faces a critical shortage of public health workers, health care providers, facilities, equipment, and medicines; and the active labor force is becoming too small to support the needs of the young, the old, and the chronically ill. Patients with HIV/AIDS-related conditions currently occupy over 70% of hospital beds. HIV has also resulted in an increase in the number of tuberculosis (TB) cases from 7,581 in 1987 to 27,672 in 2001; a 1999 survey showed an HIV seroprevalence of 77% among TB patients.

The two main mechanisms of transmission in Malawi are heterosexual contact and mother-to-child transmission. Women are socialized to never refuse having sex with their husbands, and adolescent premarital sex is becoming an important concern. Without interventions, up to 35% of babies born to mothers infected with HIV will become infected. Approximately 75,000 pregnant women need antiretroviral therapy to prevent transmission of HIV to their babies.

Stigma continues to have a negative impact in Malawi. HIV-positive individuals often have difficulty discussing their status with family members, and support groups hesitate to meet openly. Few individuals admit to having HIV, and many are not interested in being tested to determine their HIV status. Services such as condom distribution, diagnosis and treatment of sexually transmitted infections (STIs), prevention of mother-to-child transmission, counseling, and treatment of opportunistic infections are not widely available to the average Malawian.

February 2005



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NATIONAL RESPONSE

After the discovery of the first cases of AIDS in Malawi in 1985, the Government of Malawi responded by implementing a blood-screening policy and a strategy for health education about risks and prevention. During the 1990s, Malawi began to conduct activities in surveillance, HIV counseling and testing, home-based care, behavior change, control of sexually transmitted infections, and research. In 1998, a review of the government strategy showed mixed results. Although community awareness reached about 90%, behavior change was limited, and HIV continued to spread.

Together with key stakeholders, the Government of Malawi created a National AIDS Commission (NAC) to coordinate the national response, and in 2000 the government released a National Five-Year Strategic Plan. The Malawian government's commitment to fighting HIV is evident by the broad participation of ministers and politicians. The Vice President chairs the Cabinet Committee on Health and HIV/AIDS, and all ministers and politicians communicate messages about HIV prevention and care at all public meetings. The Government of Malawi has requested that all ministries put aside 2% of their poverty-reduction program budgets for HIV/AIDS, and there is cross-party commitment to AIDS advocacy at every level. A 2001 meeting with the Vice President and community faith-based leaders led to the establishment of the Government/Faith Community Task Force on HIV Prevention and Care.

Funding for HIV prevention and care activities includes a commitment of \$35 million from the World Bank's Multi-Country HIV/AIDS Program. This grant will support efforts by the Government of Malawi to reduce HIV transmission and mitigate the impact of the disease throughout Malawian society. The project, which will run from 2004 through 2008, will include capacity building, education, and increased support for orphans and vulnerable children. The U.S. Centers for Disease Control and Prevention's Global AIDS Program in Malawi had a FY 2003 budget of \$2.43 million for prevention, care and treatment, and surveillance and infrastructure development activities.

The Government of Malawi has pledged \$14.5 million over the five-year implementation period of the National Strategic Plan for HIV/AIDS. This support is largely for preventive activities, which include behavior change communication and advocacy; mainstreaming HIV/AIDS in the public and private sectors; capacity building; mechanisms for coordination, monitoring, and evaluation; and district-specific implementation plans.

In 2003 the Government of Malawi signed an agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria for its first-round proposal, providing \$41.7 million over two years. Over the first two years of the program, the NAC intended to:

- Establish 27 counseling and testing sites and 15 outreach sites for counseling and testing
- Provide HIV testing for 208,000 individuals
- Provide services for prevention of mother-to-child transmission for 70% of HIV-positive women
- Provide care and support for 22,000 chronically ill patients and provide home-based and ambulatory care for 40% of patients with AIDS
- Train 300 health care workers in opportunistic infections and use of antiretroviral drugs
- Provide antiretroviral drugs for 10,000 patients

USAID SUPPORT

USAID provides HIV/AIDS support to the Government of Malawi through a variety of programs focused on behavior change, social marketing of condoms, care and support of chronically ill patients, care of orphans and vulnerable children, and services such as prevention of mother-to-child transmission and HIV counseling and testing.

In its budget request to Congress for FY 2005, USAID requested \$18.3 million for its AIDS and Family Health Program for the following activities:

- Continued partnerships with community-based (CBOs) and faith-based organizations (FBOs) to prevent HIV/AIDS through the “ABC” approach—abstinence, being faithful, and correct and consistent use of condoms
- Capacity-building assistance to Malawian nongovernmental organizations (NGOs), CBOs, and FBOs to expand HIV/AIDS services, including HIV counseling and testing, diagnosis and treatment of sexually transmitted infections, condom distribution, infection prevention in health facilities, and education and counseling
- Technical guidance and support to the Ministry of Education, Science, and Technology to help it develop and implement the National Strategy on HIV/AIDS in Education and the National Teacher Education Strategy
- Technical assistance to the NAC to develop and disseminate quality assurance and management tools and utilize more effectively the home-based care resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV Prevention Education

A baseline survey conducted in eight districts in Malawi in early 2004 found that females, particularly girls, are more vulnerable to HIV/AIDS than males. Using this information, the BRIDGE Program will help Malawians adopt behaviors that prevent HIV transmission. Anticipated results of the Malawi BRIDGE program, which will operate in eight districts, will be: Increased median age at first sex; decreased number of unmarried youth 15–24 years of age having sex in the last 12 months; decreased number of men reporting more than one sexual partner during the last 12 months; increased condom use at last sex by unmarried youth; and increased condom use by adults with nonregular partners.

In FY 2005, USAID will continue to support the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs and John Snow International in the design, testing, and distribution to community groups of “Hope Kits,” which contain games, guides, and other materials to promote risk reduction.

Orphans and Vulnerable Children

Catholic Relief Services and Catholic Development Commission in Malawi work to provide food to households with persons living with HIV/AIDS and families caring for orphans and other vulnerable children. Key accomplishments include the following:

- Almost 5,500 orphans and 2,900 other vulnerable children have received food rations.
- More than 3,000 households have participated in agricultural production activities.
- Local artisans have trained about 400 older orphans, and an additional 600 orphans will receive training.
- Community-based child-care centers have been established in 23 locations.

With support from USAID, Family Health International (FHI)—working with the NAC, the Ministry of Health and Population (MOHP), the Ministry of Gender and Community Services, and a variety of CBOs and FBOs—is developing an integrated home-based care program for the chronically ill, and for orphans and vulnerable children. FHI results to date include:

- 4,300 orphans and vulnerable children and 2,400 chronically ill patients have received care and support
- 540 service providers and caretakers have been trained in care and support for orphans and vulnerable children
- 230 service providers and caretakers have been trained in home-based care

Behavior Change

USAID provides support to several programs in Malawi to address cultural values and beliefs related to HIV infection. With support from USAID, FHI works in Malawi to develop and implement a behavior change strategy and strengthen the behavior change communication capacity of NGOs. FHI is also providing technical assistance to the NAC/MOHP and the National Statistical Office to plan and implement the Behavioral Surveillance Survey for HIV/STI risk-related behaviors. This survey will provide a comprehensive and detailed review of behaviors and populations that should be targeted in future programs.

Youth Alert! is an interpersonal communication initiative of Population Services International (PSI) that promotes HIV prevention among in-school adolescents, particularly girls. At the end of 2003, all secondary schools in Malawi had been visited at least once by *Youth Alert!* peer education teams, and more than 400,000 copies of the *Youth Alert!* magazine had been printed.

Condoms

In 1994, PSI introduced the *Chishango* ("Shield") male condoms as part of an aggressive social marketing campaign. The condom packaging was recently updated, generating nationwide media attention and significantly increasing sales. Surveys have shown that these condoms are available in more than half of all outlets nationwide, and more than 90% of customers ask for the condom by name. Almost 8.5 million *Chishango* condoms were sold in 2003, a 16% increase over the previous year. PSI estimates that in 2003 its behavior change and social marketing programs averted 14,000 primary HIV infections.

IMPORTANT LINKS AND CONTACTS

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<http://www.usaid.gov/missions/mw>

USAID HIV/AIDS Web site for Malawi: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi.html

Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project

For more information, see http://www.usaid.gov/our_work/global_health/aids